

## MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

63-023510

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 53

Primary Registration District No. 0000

Registrar's No. 304

FILED JUN 24 1963

## 1. PLACE OF DEATH

a. COUNTY

Cape Girardeau

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR  
TOWN

Randles, Welch Twp/

Length of stay in 1b

39yrs.

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR  
INSTITUTION

Inside Limits

Yes ☐ No ☐

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo.

b. COUNTY

Cape Girardeau

c. CITY

OR

Randles

Inside Limits

Yes ☒ No ☐d. STREET  
ADDRESS

(If outside, give location)

Welch Twp.

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED  
(Type or print)

First

John

Middle

Henry

Last

Bonds

4. DATE  
OF  
DEATH

Month

June 14,

Day

Year

1963

## 5. SEX

male

## 6. COLOR OR RACE

white

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

## 8. DATE OF BIRTH

9/8/1895

## 9. AGE (last birthday)

67

## IF UNDER 1 YEAR

Months Days Hours Min.

## IF UNDER 24 HR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done  
during most of working life, even if retired)

merchant

## 10b. KIND OF BUSINESS OR INDUSTRY

Arcadia, Mo.

## 12. CITIZEN OF WHAT COUNTRY

U.S.A.

## 13a. FATHER'S NAME

Alfred Bonds

## 13b. MOTHER'S MAIDEN NAME

Molly Hasty

## 14. NAME OF HUSBAND OR WIFE

Rosey Brees Bonds

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or dates of)

no

## 16. SOCIAL SECURITY NO.

## 17. INFORMANT

Molly Bonds, Randles, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).  
PART I. DEATH WAS CAUSED BY:

## IMMEDIATE CAUSE (a)

shock

INTERVAL BETWEEN  
ONSET AND DEATH

immed.

Conditions, if any,  
which gave rise to  
above cause (a),  
stating the under-  
lying cause last.

## DUE TO (b)

acute myocardial infarction / month

## DUE TO (c)

atherosclerosis of coronary artery with

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal  
disease condition given in PART I (a)PART III. If deceased was female was  
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY  
PERFORMED?  
YES ☐ NO ☒

## 20a. ACCIDENT

## SUICIDE

## HOMICIDE

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF  
INJURYHour  
a.m.  
p.m.

Month, Day, Year

20d. INJURY OCCURRED  
WHILE AT WORK ☐  
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,  
farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

## COUNTY

## STATE

## 21. I attended the deceased from

5-11-63

to death

and last saw him alive on

5-29-63

Death occurred at

1:20

P.m. on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

John A. Chapman M.D.

## 22b. ADDRESS

Cape Girardeau, Mo.

## 22c. DATE SIGNED

June 1963

23a. BURIAL, CREMATION,  
REMOVAL (Specify)

Burial

## 23b. DATE

6/17/63

## 23c. NAME OF CEMETERY OR CREMATORY

Fairview Cemetery

## 23d. LOCATION (City, town, or county)

Cape Girardeau, Mo.

## 24. FUNERAL DIRECTOR

## ADDRESS

Wm. H. Morgan, Advance, Mo.

## 25. DATE RECD. BY LOCAL REG.

6-22-1963

## 26. REGISTRAR'S SIGNATURE

Jimmie Kasten

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

INSTEAD OF

DATE AMENDED

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

JUN 2 1966

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*Wm. H. Morgan*

Licensed Embalmer No. 4640

P. O. Address Advance, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.